

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (x) HCP    ( ) IE    ( ) IC		<b>Response Timely Filed?</b> (x) Yes    ( ) No	
Requestor's Name and Address Cesar A. Sevilla, M.D. 2727 Broadway Galveston, TX 77550		MDR Tracking No.: M4-03-A108-01	
		TWCC No.:	
		Injured Employee's Name:	
Respondent's Name and Address                      BOX #: 54 Texas Mutual Insurance Company		Date of Injury:	
		Employer's Name: Galveston Yacht Service Inc.	
		Insurance Carrier's No.: 9600000172635	

## PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
05/09/03	05/09/03	99214-25	\$71.00	\$0.00

## PART III: REQUESTOR'S POSITION SUMMARY

Requestor's position states in part... "Dr. Sevilla is billing for an outpatient hospital visit as allowed per Starred Procedures rule II.B.2.d., as well as II.A., II.B.1., II.B.2.b., & II.B.3.....The carrier cites Rule II.B.2.c. as basis of denial, however, the follow-up visit billed for is not an office follow-up, which this rule implies. Dr. Sevilla has dictated the H&P to the hospital as required by them, gone over the consent form with the patient prior to the surgery, having patient sign, examined the patient prior to and after the surgery, and wrote post-op orders, coordinating the care of the patient with hospital staff..."

## PART IV: RESPONDENT'S POSITION SUMMARY

The respondent states in part "The requestor billed the carrier for an office visit (99214-25) associated with a caudal epidural steroid injection, both performed on 5/9/03. The office visit was not for follow-up care. A review of the documentation reveals there was no significant identifiable service (4/1/96 MFG,p.66, Ground Rule II,B,2,b) need for the office visit other than the injection. The requestor's documentation shows the claimant was already had Ultracet for pain at home. The remaining purpose of the visit was, according to the office note, to give the claimant instructions for home-bedrest. Accordingly, the carrier denied reimbursement for the office visit. The carrier maintains its position."

## PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The requestor has billed for office visit 99214 with modifier 25 which is for a separate and identifiable service. Per the 1996 Medical Fee Guideline Surgery Ground Rule II., B., 1., "When a star (\*) follows a surgical procedure code, the following rules apply: (1) The service as listed includes the surgical procedure only. Associated pre- & post-operative services are not included in the service as listed..." Although the requestor did bill for office visit 99214 with modifier 25, the documentation submitted by the requestor does not support a separate and identifiable service from the main procedure performed that day nor does the documentation support the level of office visit as defined by the 04/01/96 Medical Fee Guideline, which states 99214- "office or other outpatient visit for the evaluation and management of the established patient, which requires at least two of these three key components: a detailed history, a detailed examination, medical decision making of moderate complexity..." Furthermore, per Evaluation & Management Ground Rule IV., B., ...DOP is required to show that the patient's condition required this E/M service above and beyond the usual preoperative and postoperative care.

Date of Service	CPT Code	Amount in Dispute	Amount Due
5/9/2003	99214-25	\$71.00	\$0.00
<b>Total Left Column:</b>			\$71.00
<b>Total Amount Due:</b>			\$0.00

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to reimbursement.

May 23, 2005

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Date

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on \_\_\_\_\_. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, 7551 Metro Center Drive, Suite #100, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

**Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_